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Practitioner's Docket No. 56436 (71699)

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: D. Stoianovici, et al

Conf. No.: 8459

Application No.: 09/943,751

Group: 3731

Filed: August 30, 2001

Examiner: Nguyen, Vi X

For: CONTROLLABLE MOTORIZED DEVICE FOR PERCUTANEOUS NEEDLE  
PLACEMENT IN SOFT TISSUE TARGET AND METHODS AND SYSTEMS RELATED  
THERE TO

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE UNDER  
37 C.F.R. §1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3731

1. Transmitted herewith is  
(a) an Amendment for this application, and  
(b) a Notice of Appeal for this application.

## CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

## EXPRESS MAILING

- ☐ deposited with the United States Postal Service  
with sufficient postage as Express Mail (Mail  
Label No. EV 000 000 000 US in an envelope  
addressed to: Mail Stop AF, Commissioner for  
Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450.

Date: August 23, 2004

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and  
Trademark Office (703) 872-9306.

Signature



William J. Daley, Jr.

(Amendment Transmittal—page 1 of 4)

10/27/2004 STH07AS 0222231 341105 09943751

01 FC:2251

66.00 DA

02 FC:2252

210.00 DA

03 FC:2253

210.00 DA

## STATUS

2. ☒ a small entity. A statement:  
☐ is attached.  
☐ was already filed.  
☐ other than a small entity.

## EXTENSION OF TERM

3.  
4. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

*(complete (a) or (b), as applicable)*

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/> two months	\$ 420.00	\$ 210.00
<input type="checkbox"/> three months	\$ 950.00	\$ 475.00
<input type="checkbox"/> four months	\$ 1,480.00	\$ 740.00

Fee: \$ 210.00

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

*(Amendment Transmittal—page 2 of 4)*

**FEE FOR CLAIMS**

5. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

[Col. 1] [Col. 2] [Col. 3] Small Entity Other Than a  
Small Entity

Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total 53	Minus 55	=0	x \$ 9 =	\$0.00	x \$ 18 =	\$0.00
Indep.8	Minus 6	=2	x \$43 =	\$86.00	x \$ 86 =	\$0.00
[ ] First Presentation of Multiple Dependent Claim				+\$145 = \$0.00		+ \$290 = \$0.00
				Total Addit. Fee:		Total Addit. Fee \$
				\$86.00		

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) [ ] No additional fee for claims is required.

OR

- (d) [XX] Total additional fee for claims required \$86.00

**FEE PAYMENT**

6. [ ] Attached is a check in the sum of \$0.00.  
[XX] Charge Account No. 04-1105 the sum of \$296.00

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**FEE DEFICIENCY**

7. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.


**AND/OR**

- ☒ If any additional fee for claims is required, charge Account No. 04-1105.

Tel. No. (617) 439-4444

Date: August 9, 2004

Customer No. 21,874

  
**SIGNATURE OF PRACTITIONER**  
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BOS1\_45033.1

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